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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

In re: Patrick Thomas O'Connor et al.
Case: P668D1 Application No.: 09/814,010 Filing date: 03/20/2001
Art Unit: 3628 Examiner: Pedro R. Kanof
Subject: Internet Subscription System for Providing Appointment Management for Small Businesses

Certificate of Transmission under 37 CFR 1.8

Attention: Pedro Kanof, Examiner

Fax No.: (703) 872-9306

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on 05/25/2004

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Signature

Lynda Schwalenberg

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**IN THE UNITED STATES PATENT AND
TRADEMARK OFFICE**

Art Unit 3628
Examiner Pedro R. Kanof

In Re: Patrick Thomas O'Connor et al.
Case: P668D1
Serial No.: 09/814,010
Filed: 03/20/2001
Subject: An Internet Subscription System for Providing
Appointment Management for Small Businesses

To the Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

RESPONSE A

Method of Transmission: By Facsimile

CASE DOCKET NO. P668D1

In reference to application of Patrick Thomas O'Connor et al.

Serial No. 09/814,010

For Internet Subscription System for Providing Appointment Management for Small Businesses

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****

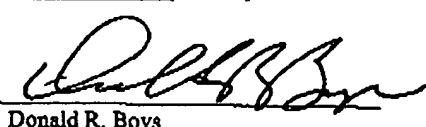
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	14	Minus	** 20	0	\$ 9	\$ 18	\$ 0.00
Indep Claims	2	Minus	*** 3	0	\$ 43	\$ 86	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.Respectfully Submitted, Donald R. Boys
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